

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 110

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark. b. COUNTY Green	
b. CITY* (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paragould 8030	
c. LENGTH OF STAY (in this place) 3 Mo.		d. STREET ADDRESS (If rural, give location) 111 East Plum St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 405 N. Everett St.			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Edward c. (Last) Robertson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3rd 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 15-1973		9. AGE (In years last birthday) 78		10. COUNTRIES IN WHICH BORN (Specify) 2 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Obion County Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William H. Robertson		13b. MOTHER'S MAIDEN NAME Anna Wilson		14. NAME OF HUSBAND OR WIFE Sally Lou Robertson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sally Lou Robertson-Paragould Ark. 10.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 to 18 Hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyposplenic anemia						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June**, 19**57**, to **10-3-**, 19**57**, that I last saw the deceased alive on **10-3**, 19**57**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. I. Kempsey (Degree or title) MD		23b. ADDRESS Paragould Mo		23c. DATE SIGNED Oct 4 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5th-1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	
				24d. LOCATION (City, town, or county) (State) Rector Ark.	

DATE REC'D BY LOCAL REG. Oct 5-1951		REGISTRAR'S SIGNATURE Carl Hubbard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lentz Service Kennett Mo	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT10-6-51.....

COUNTY FILE NUMBER 1051-266

OCT 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edgar L. Ford

Licensed Embalmer No. 4433

P. O. Address *Kennett mo*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.